



P O BOX 100
BAY CITY
MICHIGAN 48707
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FAX 1-877-839-5478

CHEMICAL BANK
www.chemicalbankmi.com

➡ We intend to apply for joint credit _____, _____

SUMMARY:	AMOUNT TO FINANCE \$	TERM
Dealer	Contact	Phone

COLLATERAL BEING FINANCED

SELLING PRICE \$	CASH DOWN / REBATE \$	TRADE NET \$	TRADE VALU \$	LESS OWING \$	TRADE DESCRIPTION
YEAR	MAKE	MODEL	<input type="checkbox"/> Auto Trans <input type="checkbox"/> Pwr Windows <input type="checkbox"/> Pwr Locks <input type="checkbox"/> Pwr Seats <input type="checkbox"/> Pwr Sunroof	<input type="checkbox"/> Cruise <input type="checkbox"/> Tilt <input type="checkbox"/> Air <input type="checkbox"/> Trlr Towing <input type="checkbox"/> Trim _____	<input type="checkbox"/> 4x4/AWD <input type="checkbox"/> Alloy Wheels <input type="checkbox"/> CD <input type="checkbox"/> Anti-theft <input type="checkbox"/> Leather
VIN (needed)	TYPE N - U - D				
MILEAGE -required	CYLINDERS 4 - 6 - 8	BODY 2 DR - 4 DR - MCY			

OTHER EQUIPMENT:

Applicant's Full Name		Address		City, State, Zip		Time at address
Phone	Soc. Sec. No.	DOB/Age	Previous Address		Time at address	
Personal Reference		Address		Phone	Relationship	
Employer		Address		Time at present job	Position	
Monthly Income	Supervisor	Phone	Previous Empl.	Address	How Long	

INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

Other Income	Source	Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Income	Source	Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Own Outright <input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent <input type="checkbox"/> Family	Monthly Payment \$	Landlord or Mortgage Holder	Balance \$	Orig. Amt Paid \$
		Present Val. \$			

BANKS WITH	Checking Account		Branch
	Savings Account		Branch

LIST ALL PRESENT OR PAST CREDITORS: BANKS, CHARGE ACCOUNTS, CREDIT UNION, FINANCE COMPANY, ETC.

Name of Company	Address	Account Number or Name	Collateral	Original Amount	Payment	Balance

Co-Applicant's Full Name		Address		City, State, Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other	Time at address
Monthly payment \$	Soc. Sec. No.	DOB/Age	Previous Address		Time at address		
Home Phone	Employer	Address		Time at present job	Position		
Business Phone	Monthly Income	Supervisor	Previous Employer	Address	How Long		

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your experience with me.

Insurance Agent _____

Date _____ Applicant's Signature _____ Joint Signature _____

COLLATERAL

APPLICANT

FINANCIAL

CO-APPLICANT